

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
091895,027  
APPLICANT(S)

CLAIMS

3-1-09

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2		/		
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TOTAL IND.	3	0	0	0
TOTAL DEP.	17	0	0	0
TOTAL CLAIMS	20	0	0	0

#	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		0	0	0	0	0
TOTAL DEP.		0	0	0	0	0
TOTAL CLAIMS		0	0	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS